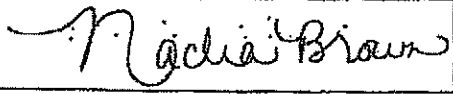


3/12/2018

eOMIS - Arkansas - eOMIS Production V8 - Prod9

ARKANSAS DEPARTMENT OF CORRECTION

Medical Restrictions/Limitations/Special Authorization(s)**MSF-207**

PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: <input checked="" type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input checked="" type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour. <input checked="" type="checkbox"/> Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES: * <input checked="" type="checkbox"/> Bed Rest days. Reason: <input checked="" type="checkbox"/> No Duty days. Reason: <input checked="" type="checkbox"/> No Yard Call days. Reason: <input checked="" type="checkbox"/> No Sports days. Reason: <input checked="" type="checkbox"/> One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO: <input checked="" type="checkbox"/> Report to the Infirmary for Special Treatments() <input checked="" type="checkbox"/> Soak: <input checked="" type="checkbox"/> Exercise: <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Bathe in the Infirmary <input checked="" type="checkbox"/> Sitz Bath <input checked="" type="checkbox"/> Cast <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Have in Possession: <input checked="" type="checkbox"/> Cane <input checked="" type="checkbox"/> Crutches <input checked="" type="checkbox"/> Brace: (describe briefly) <input checked="" type="checkbox"/> Prescribed Footwear: <input checked="" type="checkbox"/> Orthopedic Appliance: (describe briefly) <input checked="" type="checkbox"/> Other: Elevator pass UP and DOWN until seen by MD * <input checked="" type="checkbox"/> Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: <u>02/12/2016 06:28:00 PM</u> This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: <u>02/16/2016 06:28:00 PM</u>	
 Nadia Brown	Name: <u>Shipp, Craig A.</u> DOB: <u>11/11/1970</u> ADC#: <u>660878</u>
Distribution: Original - Medical Jacket	

CCS 9

